

VERMONT DEPARTMENT OF HEALTH
APPLICATION FOR VERMONT LICENSE OF CIVIL MARRIAGE
 FEE FOR CIVIL MARRIAGE LICENSE \$80.00
 for a certified copy add \$10

APPLICANT A		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		(check one)		
1a. LEGAL NAME (First, Middle, Last)						1b. LAST NAME AT BIRTH (Maiden Surname)				
2. SEX		3. DATE OF BIRTH (Month, Day, Year)			4. BIRTHPLACE (State or Foreign Country)					
5a. RESIDENCE ADDRESS (Number and Street)						5b. CITY OR TOWN OF RESIDENCE				
5c. STATE OF RESIDENCE						5d. COUNTRY OF RESIDENCE				
6a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						6b. BIRTHPLACE (State or Foreign Country)				
7a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						7b. BIRTHPLACE (State or Foreign Country)				
APPLICANT B		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		(check one)		
8a. LEGAL NAME (First, Middle, Last)						8b. LAST NAME AT BIRTH (Maiden Surname)				
9. SEX		10. DATE OF BIRTH (Month, Day, Year)			11. BIRTHPLACE (State or Foreign Country)					
12a. RESIDENCE ADDRESS (Number and Street)						12b. CITY OR TOWN OF RESIDENCE				
12c. STATE OF RESIDENCE						12d. COUNTRY OF RESIDENCE				
13a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						13b. BIRTHPLACE (State or Foreign Country)				
14a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						14b. BIRTHPLACE (State or Foreign Country)				
THE CONFIDENTIAL INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.										
APPLICANT A		22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE				23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; marrying civil union partner		23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____		
APPLICANT B		25. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE				26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ___ Death ___ Divorce ___ Dissolution ___ Annulment ___ Civil union did not end; marrying civil union		26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____		
DOES EITHER APPLICANT HAVE A LEGAL GUARDIAN? YES NO										
18 V.S.A. § 5131 (4)(A) provides that "parties to a civil union certified in Vermont may elect to dissolve their civil union upon marrying one another but are not required to do so to form a civil marriage." The option to elect dissolution of the civil union is found in the confidential section of the marriage license and shall become effective upon solemnization of the marriage.										
APPLICANTS										
We hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of Vermont.										
15a. SIGNATURE (Applicant A)				15b. DATE SIGNED		16a. SIGNATURE (Applicant B)			16b. DATE SIGNED	
15c. TELEPHONE NUMBER		15d. E-MAIL ADDRESS			16c. TELEPHONE NUMBER			16d. E-MAIL ADDRESS		
Planned marriage date _____ Location (City or Town) _____										
Officiant name and mailing address _____										
Your mailing address after wedding _____										
Do you want a certified copy of your Civil Marriage Certificate (\$10.00) Yes No										

Date license issued _____ Clerk issuing license _____

THIS WORKSHEET MAY BE DESTROYED AFTER CIVIL MARRIAGE IS REGISTERED